GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:802
ANSWERED ON:24.07.2015
Private Healthcare Facilities
Rai Shri Prem Das

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken cognizance of report submitted by the National Sample Survey Office (NSSO) which States that majority of ailments are treated at private hospitals in both rural and urban areas in the country;

(b) if so, the details thereof and the reaction of the Government thereto;

(c) whether the Government has taken note of the fact that people prefer private sector hospitals to Government hospitals despite huge costs involved in treatment from private hospitals;

(d) if so, the details thereof and the reasons therefor; and

(e) the steps taken/being taken by the Government to bring parity of service quality between the Government and private hospitals?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (d): According to the National Sample Survey (NSS) 71st Round (2014), for ailments requiring non- hospitalised treatment, 21% spell of ailments in rural areas and 29% in urban areas were treated by private hospitals. Further, 51% spell of ailments in rural areas and 50% in urban areas were treated by private doctors/clinics. For ailments requiring hospitalised treatment, 58% in rural areas and 68% in urban areas were treated by private sector.
24.1% child births in rural areas and 47.5% in urban areas were in private hospitals.
For non- hospitalised treatment, between 2004 and 2014, utilization of public facilities has increased from 22% to 28% in rural and from 19% to 21% in urban areas.
For hospitalised treatment, between 2004 and 2014, utilization of public health facilities remained static at 42% in rural, but utilization of public health facilities decreased from 38% to 32% in urban areas.
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Between 2004 and 2014, there is a significant improvement from 18.3% to 48.6% in utilization of public health facilities for child birth.
Public health being a State subject, the primary responsibility to provide health services to the citizens lies with the State/UT Governments. However, under the National Health Mission (NHM), financial support is provided to States/UTs to strengthen the public health system, including support for infrastructure, human resource, drugs, equipment etc. based on the requirement proposed by the States/UTs in their Programme Implementation Plans.
To reduce Out of Pocket Expenditure (OOPE) in public health facilities, several initiatives such as Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), expansion of Universal Immunisation Programme, free emergency referral services and the NHM-Free Drugs Service Initiative and the NHM-Free Diagnostic Service Initiative have been rolled out.
The OOPE in private facility is considerably higher than that in public facility.
The analysis of data for people preferring private sector hospitals is presently not available.
(e): Under the NHM, States/UTs have been supported for implementing the Quality Assurance Programme, which includes support for organisational framework for the Quality Assurance (State Quality Assurance Committee& Units, District Quality Assurance Committees & Units,) Assessment of health facilities, Assistance for addressing the gaps, Strengthening management of Biomedical Waste, incentives to health facilities on quality certification, monitoring through Key Performance Indicators (KPI), etc.
The Ministry of Health & Family Welfare launched 'Operational Guidelines for Quality Assurance in Public Health Facilities' in November 2013 along with Quality Standards for the District Hospitals. In November 2014, Quality Standards for Community Health Centres and Primary Health Centres including outreach services have also been launched. For addressing the issue of cleanliness, hygiene and sanitation at public health facilities, the Ministry has launched KAYAKALP initiative in May 2015, under which the public health facilities will be assessed on 'Swachhta' and facilities scoring highest on Swacchta parameters will receive commendation and Cash Awards.
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